

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN178AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2008
NAME OF PROVIDER OR SUPPLIER LITTLE ANGEL HOME CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 KEYSTONE AVE RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/26/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 11/26/08, the facility failed to ensure that 2 of 3 caregivers received eight hours of annual training (Employee #2 and #3). Severity: 2 Scope: 3	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1	Y 105		
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/26/08, the facility failed to ensure 1 of 4 employees had a copy of fingerprints in their employee file and met the five year background check requirement (Employee #3).</p> <p>Severity: 2 Scope: 1</p>	Y 105		
Y 450 SS=D	<p>449.231(1) First Aid and CPR</p> <p>NAC 449.231</p> <p>1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p>	Y 450		

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Y 450	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 11/26/08, the facility did not ensure that 1 of 4 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #4). Severity: 2 Scope: 1	Y 450			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 11/26/08, the facility failed to ensure that 1 of 3 residents received three medications as prescribed on the day of the survey (Resident #2). Severity: 2 Scope: 1	Y 878			

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Y 936	Continued From page 3	Y 936		
Y 936 SS=E	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/26/08, the facility failed to ensure that 1 of 3 residents complied with NAC 441A.380 regarding tuberculosis signs and symptoms screenings for 2007 and 2008 (Resident #3).</p> <p>This was a repeat deficiency from the 11/2/07 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 936		
Y1001 SS=E	<p>449.2758(1) Training Requirements</p> <p>NAC 449.2758</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential</p>	Y1001		

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Y1001	<p>Continued From page 4</p> <p>facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/26/08, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 1 of 4 employees (Employee #4).</p> <p>This is a repeat deficiency from the 11/2/07 annual State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y1001			

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